

2020

2021

SUBMISSION TO THE 2020-
21 FEDERAL BUDGET FROM
PAINAUSTRALIA

AUGUST 2020

SUPPORTING PEOPLE
WITH PAIN IN THESE
UNPRECEDENTED
TIMES

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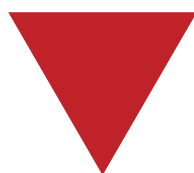
SUBMISSION TO THE 2020-21 FEDERAL BUDGET FROM PAINAUSTRALIA

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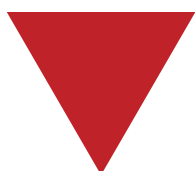
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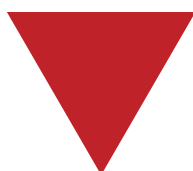
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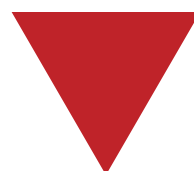
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FOREWORD

Even at the best of times, pain is a major problem in Australia. There are 3.37 million Australians currently living with chronic pain, and the economic impact in 2018 was calculated at a staggering \$73.2 billion¹. Back pain and related problems are second only to coronary heart disease in the league table of Australia's health burdens². Chronic pain leads to worse health, social and financial outcomes for those who experience it. It is also a significant burden to the economy, and a major pressure on the health care system.

And we know there are serious gaps in addressing these issues. Many Australians living with pain have been unable to access high quality pain assessment and management, whether due to cost, geographic barriers, low awareness of treatment options, or lack of access to health professionals with the right knowledge and skills.

Unfortunately, in 2020 we are not living in the best of times. After experiencing the bushfire crisis at the start of the year, Australia, like the rest of the world, has now been left reeling by the disruption of the COVID-19 pandemic. We face unprecedented challenges to the health and wellbeing of our population, as well as significant challenges to our economy.

These challenges are amplified for people living with chronic pain, whose starting point before the epidemic was already compromised. We know that people living with pain, have lower workforce participation and are more economically disadvantaged. They frequently face stigma, they are often socially isolated, and they have higher rates of depression, anxiety, and suicidal ideation. They may be dependent on medications such as opioids to manage their everyday lives.

Add in the effects of the pandemic, and many people living with pain are at crisis point. Social isolation is exacerbated, work opportunities are scarce, and access to healthcare has become more difficult. Even physical activity, so important in managing pain, is becoming more challenging to access.

On top of all this, regulatory reforms to opioid prescribing and dispensing, whilst an important step forward, have come into effect in the midst of the pandemic, resulting in unintended consequences. Both health professionals and consumers have been largely unprepared for the changes. Painaustralia has been inundated with calls from distressed consumers, many of whom mention suicidal ideation; [and a consumer survey we undertook in July confirmed](#) these high levels of distress³. Clearly much more needs to be done in terms of improved community understanding of the reforms through a community awareness campaign accompanied by targeted information, resources and support for those with chronic pain who have been on opioid medications for some time.

It is well recognised that the pandemic is taking a toll on the mental health of the broader population, as we face psychosocial stressors including prolonged periods of limited interpersonal contact, isolation, fear of illness, future uncertainty, and financial strain⁴. It must also be recognised that these mental health challenges are heightened for vulnerable groups such as people living with pain.

The pandemic has drawn attention away from other health issues including chronic pain, but we ignore these issues at our peril. Neither the individuals affected, nor our health system and economy, can continue to bear the burden of poorly managed chronic pain.

Urgent action is needed, and the [National Strategic Action Plan for Pain Management](#) (the National Action Plan) funded by the Federal Government sets out the blueprint. The Federal Government has already funded a small number of initiatives that will progress key outcomes set out in the National Action Plan.

Our pre-budget submission outlines further initiatives we have prioritised for immediate funding. These include:

- a media campaign targeted to people with pain, to help people understand the opioid prescribing changes, and raise awareness of other treatment options;
- a community-based support worker program to help people self-manage their chronic pain;
- telephone-based care navigation for people with chronic pain;
- a new model of care for people with pain living in residential aged care homes;
- and MBS funding to support multidisciplinary chronic pain management.

The aim of each of these initiatives is to take pain management support to the settings where people most need to access this support right now, and into the future: in the community, and in residential aged care. These are efficient solutions which will make community-based, consumer-centred information, support, and care more readily available to the large numbers of Australians living with pain. The initiatives will enable people to understand and manage their pain better, and support access to best practice pain management strategies which can help reduce reliance on medications such as opioids.

These are all timely initiatives which address urgent gaps. Real and immediate action will not only improve the lives of people with chronic pain but will benefit all Australians through economic returns and reduced pressure on our health care system.

Painaustralia urges the Federal Government to consider the proposals in this submission carefully, to address the growing burden of pain conditions on our community and economy, and to mitigate the current crisis situation faced by many people living with chronic pain.



Carol Bennett
CEO of Painaustralia

Pain in Australia *

In 2020



3.37 million Australians lived with chronic pain.
This is set to rise to 5.23 million by 2050



44.6% of people with chronic pain also live with depression and anxiety



20% of all GP presentations in Australia involve chronic pain



Medications are used in close to **70%** of GP consultations for chronic pain management



Referrals to pain specialists occur in less than **15%** of GP consultations where pain is managed

FINANCIAL COST



\$139.3
billion



\$12.2
billion
health
system cost



\$48.3
billion
lost
productivity



\$12.7
billion
other
financial cost



\$66.1
billion
reduction
in quality of life

SUMMARY OF PROPOSALS

One in five Australians aged 45 and over are living with persistent, ongoing pain, which is often disabling and stressful⁵. Chronic pain affects the quality of life of over 3.37 million individuals and carries a significant economic burden in lost productivity and health costs. Experts have posited that the COVID-19 pandemic may significantly increase the number of people experiencing chronic pain, as many survivors experience post-viral conditions; and that the mental and physical health impacts of the virus may exacerbate pain amongst existing sufferers⁶.

Addressing pain is in the interests of all Australians. Yet people living with pain are often unable to access the right assessment and care, and many fall between the gaps of our healthcare, mental health and disability systems. Medication has played an increasing role in managing pain, and over-reliance on opioids is an unfortunate symptom of a system that is not working as it should for many people with chronic pain.

The National Strategic Action Plan for Pain Management (funded by the Australian Government and developed by Painaustralia in consultation with the sector) seeks to foster innovation in service design and delivery. In this submission, Painaustralia proposes five important initiatives that align with the objectives of the National Action Plan and offer solutions to existing problems across the spectrum of our health settings:

1. **A media campaign** targeted to people with pain, to improve understanding of the current opioid reforms, raise awareness of other pain management options, and influence health behaviours and choices.
2. **A community-based Pain Support Worker program** to support people with the highest, most complex needs to self-manage their chronic pain.
3. **A telephone-based care navigation service** to assist people living with chronic pain in the community.
4. **A new model for pain management in residential aged care**, to improve quality of life for older people with pain living in the residential aged care sector.
5. **New MBS item/s for multidisciplinary chronic pain management** planning and review.

Each of these proposals address gaps in our existing policies and regulatory approaches and rely on strong partnerships across the sector. As we continue to roll out medication regulatory changes to minimise opioid related harm, these programs will help deliver on the objectives of the National Action Plan by building vital support pathways to meet the pain management needs of millions of people living with chronic pain.

The proposals bring together peak professional groups as well as our nation's top researchers, ensuring the ongoing viability and sustainability of these activities. Together, these five proposals represent the 'low hanging fruit' across our health sector, as they provide cost savings and huge public health benefits for minimal federal investment.

PROPOSAL 1

A media campaign to inform, support and empower consumers to understand and manage their pain

Problem:

There is low community awareness of pain issues and treatment options. While important regulatory changes are underway to reduce reliance on and harms from prescribed opioids, many consumers need better information about the rationale for these changes, and about best practice pain management strategies available to them.

Solution:

Improve community understanding of pain, and of evidence-based best practice treatment options, through a targeted community awareness and education campaign, accompanied by consumer information, resources and support.

The problem: Limited consumer understanding of pain management strategies

It is fundamental that people with pain understand how best to manage their condition. Substantial evidence shows that people with chronic pain who are engaged in active approaches to manage their condition have less disability than those who are engaged in passive therapies, such as taking medication or surgery⁷. Challenging beliefs about pain treatment, including beliefs about the need for opioids, scans and surgery, helps build consumer resilience and produce better health outcomes⁸. Explaining the neuroscience of pain has also been shown to improve pain and movement and reduce fear⁹.

Some strides have already been made. The Federal Government provided welcome funding in 2019 for the implementation of several initiatives, including an integrated website and app for consumers, and information and education for health professionals; and Painaustralia has recently launched an updated national pain services directory, to help consumers find and access the right care.

The Federal Government is also continuing to implement a number of regulatory changes to reduce the harm caused by prescribed opioids, with the latest changes announced by the Minister on 1 June 2020. These changes aim to address a situation where pharmaceutical opioids are now responsible for far more deaths and poisoning hospitalisations in Australia than illegal opioids such as heroin; and where every day in Australia, nearly 150 hospitalisations and 14 emergency department admissions involve opioid harm, and three people die from drug-induced deaths involving opioid use¹⁰.

However, the timing of these changes in the midst of the pandemic has impeded effective communication of the rationale for the changes, and of alternative strategies for pain management. This is unfortunate, especially as the changes may, in the short term, increase the risk of harm through rapid opioid dose reduction, which also poses risks including more severe pain and neuro-psychological effects.

There is clear evidence of the immediate distress arising from the 1 June changes. A consumer survey of the impact of the opioid reforms on people with chronic pain undertaken by Painaustralia in August 2020 found that nearly all of the 595 respondents (92%) reported having been negatively impacted by the changes. More than 42% of respondents said their GPs had not discussed alternative pain management strategies with them; and a staggering 85% said they did not feel confident and supported to manage their pain following the reforms. Consumers reported that the reforms have created an additional layer of complexity; led to loss in function and autonomy, perpetrated stigma and isolation; and significantly impacted their mental health. Many expressed extreme distress¹¹.



Further evidence confirming the need for improved consumer information in relation to the regulatory changes comes from a recent study commissioned by the Therapeutic Goods Administration (TGA). The TGA commissioned ORIMA Research to conduct qualitative and quantitative research to inform education and communication strategies to support the new regulations and to encourage safe and effective opioid prescription and usage. The research found that opioid literacy is low amongst current opioid consumers; that consumers

overestimate the safety and effectiveness of their own opioid usage; and that there is limited consumer knowledge and understanding about the regulatory reforms. The research found that exposure to information, through tested key messages, has a positive impact on opioid-related behavioural intentions; and concluded that there is a clear case for an educational/social marketing campaign to support the new regulations, and to encourage safe and effective opioid usage and prescribing¹².

There is a major gap in effective consumer information and education about pain issues and treatment options, and it is clear that this gap has been exacerbated by the impact of regulatory changes in relation to prescribed opioids, in the midst of the pandemic.

The Solution: **A community awareness public health campaign**

We propose that the Australian Government fund a targeted community education and awareness campaign on pain and its management, with materials and messages developed in partnership with consumers, health professionals and health and community groups. The campaign needs to improve understanding of best practice care, including care pathways, self-management strategies, evidence and guidelines, and quality use of medicines. The campaign should include information about regulatory changes in relation to prescribed opioids, including the rationale for the changes; and inform consumers about non-opioid strategies for pain management.

The campaign should involve vertically integrated communication strategies including electronic and social media, radio, as well as clinic-based media to share messages across a wide community audience. Tailored communication strategies will be needed for specific target groups such as Aboriginal and Torres Strait Islander people, culturally and linguistically diverse Australians, recipients and residents of aged care services, and carers.

Media campaigns have been shown to be a highly effective strategy to improve population health, particularly where messages are well crafted and highly visible, and where they are combined with relevant policy initiatives and community-based programs¹³.

Cost: \$1.5 million per annum

IMPACT

Greater consumer understanding of pain management will promote improved consumer participation in best practice pain treatments, address the negative impacts of regulatory changes in relation to prescribed opioids, and reduce the burden of disease.

PROPOSAL 2

A community-based Pain Support Worker program to educate and support people to self-manage their chronic pain

Problem:

There is a gap in knowledge and support to enable people living with chronic pain, particularly those with the highest, most complex needs, to better self-manage their conditions.

Solution:

A community-based Pain Support Worker program targeting those most in need, to improve chronic pain self-management and care.

The problem: Lack of knowledge and support to enable self-management

It is critical that people with chronic pain are educated and supported to manage their pain effectively in the community setting. The limited availability of specialist pain services means that many people living with pain have to wait significant periods to access these services. This is particularly true for people without private health insurance, who must join long waiting lists for public sector care. These specialist service gaps, combined with the lack of a community-based care model, has led to many people becoming dependent on medications such as opioids to manage their pain while they wait for appropriate care.

Best practice guidelines for persistent pain indicate that education, active and psychological therapies, and self-management strategies should be a critical part of first line care¹⁴. Increased patient activation and engagement has been associated with improved outcomes and reduced costs, for people with chronic disease¹⁵. Improved community education and support for people living with pain has the potential to improve quality of life, reduce dependency on medications, and reduce the burden of pain-related presentations on the healthcare system.

The Solution:

A Pain Support Worker model to promote active self-management

We propose the development and implementation of a Pain Support Worker model, which will allocate trained personnel to provide one-on-one support for people living with chronic pain, targeting those with the highest and most complex needs. Pain Support Workers will be skilled to offer pain education, care coordination and general support for people living with pain in the community, with a strong focus on promoting an informed self-management approach.



Through this active self-management approach, the Pain Support Worker model will engage people with pain to understand their treatment options and be active partners in managing their own pain, in accordance with proven pain management strategies and clinical guidelines. This will help to improve quality of care and

outcomes for people with pain. It will help to reduce reliance on opioids and other medications, reduce patient burden and anxiety, and promote resilience to future episodes and setbacks. It will also reduce the burden of pain on primary and tertiary care services, reduce pain-related emergency department visits and hospital admissions, and decrease inappropriate referrals to imaging, specialist, surgical and tertiary care.

The underpinning principles of the Pain Support Worker model are coordination across all systems, individualised approaches for different clients based on their specific needs, and a focus on educating and empowering clients in chronic pain self-management. This will be a community-based, consumer-centred role, filled by existing health and social welfare professionals such as primary health care nurses and allied health professionals, and/or other trained personnel. The broad range of knowledge, skills and experience in such a multi-disciplinary workforce adds value to client support and strategy development.

A key strength of the Pain Support Worker model is the provision of person-centred support through a single point, long-term contact that can adapt to changing needs over time. The role addresses the challenges posed by the complex structures of primary health care, specialist and tertiary care, mental health, and disability services, that is often marked by fragmentation, poor coordination and lack of collaboration between service providers.

The Pain Support Worker program will clearly only be able to address the needs of a small proportion of the very large cohort of people living with chronic pain in Australia. The program will therefore be targeted at those with the highest and most complex needs, such as people who are experiencing particular distress and/or disability due to their pain issues; people with co-morbidities including mental health issues; people from disadvantaged and marginalised groups; and people who need support to access non-pharmaceutical care strategies, including those with medication dependency issues. The program will be complemented by a telephone helpline (next proposal in this submission), which will be designed to meet the care navigation needs of the large majority of people living with pain, who will not be reached by the Pain Support Worker program.

The model is similar to the Federal Government program for the Breast Care Nurse (BCN) Initiative which has resulted in improved experience for patients and clinicians, along with savings to the health system of \$1,527 per new breast cancer patient seen through reduced health service utilisation¹⁶. There is also ample evidence internationally that well-designed community-based interventions have significant potential to improve population health¹⁷.

Ideally, the Pain Support Workers will engage with consumers face-to-face; however, should the pandemic be prolonged, there is scope for the support to be provided via telephone or videolink. Telephone-based self-management support for people with chronic disease has been shown to be cost-effective in other contexts¹⁸.

Cost: \$2 m per annum for a three-year pilot program for 15 to 20 Pain Support Workers

IMPACT

A community-based Pain Support Worker Program will improve health outcomes and resilience for the highest-need people with living with pain, by engaging them as partners in their care, and promoting active self-management. The program will also contribute to reduced health system costs, by decreasing inappropriate emergency department and primary medical presentations, imaging, specialist care, surgery, and other tertiary care; whilst improving access to other forms of care such as mental health support.

PROPOSAL 3

A telephone helpline service to provide navigation support for people living with chronic pain

Problem:

People living with chronic pain are often unaware of the care and support that is available to them, and how to access available services.

Solution:

A telephone helpline led by trained personnel will provide navigation support and other information, advice and support for people living with chronic pain.

The problem: Lack of awareness of available services and treatment options

As noted in the previous proposal, it is critical that people with chronic pain are educated and supported to manage their pain effectively in the community setting. People living with pain often find it difficult to access information about their conditions, treatment options, and the services that are available to them. They may also “fall through the gaps” between our complex and fragmented system of primary health care, specialist and tertiary services, mental health services, and disability services.

Painaustralia currently takes calls from significant numbers of people in the community, seeking information and advice about their pain issues; but does not have the resources to employ qualified personnel to provide the expert advice that is needed, on demand. This has become a particularly acute issue with the recent opioid reforms, where many people are experiencing distress, and have unmet needs for information about the rationale for the changes, and about non-pharmaceutical strategies for managing their pain.

People with pain need advice and support, as well as information about the availability of services. Positive developments to date include a comprehensive website and app, and the launch of an updated national pain services directory by Painaustralia, to help consumers find and access the right care. However, people with pain do not always know of the existence of resources such as the directory, or how to use them. These existing resources need to be complemented by an accessible telephone support line.

The Solution:

A telephone helpline offering navigation support

Those with the highest and most complex needs will require one-on-one community-based support as outlined in the previous proposal, but it is not feasible to provide such support to every one of the very large number of people living with chronic pain in Australia. It is therefore proposed that a telephone helpline be established, staffed by trained and accredited personnel who are able to not only inform people living with pain of the service and treatment options that are available to them, but to assist them to navigate the system, and provide other advice and support as needed.

A particular focus will be on assisting people with pain to understand the ongoing reforms to prescribing and dispensing of opioid medications, and to access and utilise other pain management options.

The telephone helpline will be a free national service operated by Painaustralia, and will enable consumers to reach trained personnel through a 1800 number. The model for the telephone helpline will be developed based on similar successful services operated by organisations such as Dementia Australia, Breast Cancer Network Australia, and the Heart Foundation.

Cost: \$500,000 per annum.

IMPACT

Improved knowledge, awareness of and access to appropriate pain management treatments and services, leading to improved outcomes for people living with pain.



PROPOSAL 4

A new best practice model of care for older people with pain living in residential aged care facilities

Problem:

Older Australians with low back pain in residential aged care are not receiving best practice, evidence-based care, resulting in increased morbidity and health system costs.

Solution:

A new best practice model of care for older people with low back pain living in residential aged care facilities.

The problem: Sub-optimal pain management in residential aged care

Low back pain is currently ranked the number one cause of disability in the world¹⁹ and is a serious health condition for many older people. The condition affects one in four older Australians and often results in severe disability, loss of mobility and independence and financial distress. The prevalence of pain in residential aged care facilities is even higher, reaching 40% to 80%. Older adults with low back pain are more likely to experience severe pain and severe limitation of their ability to walk, care for themselves, for example by bathing themselves²⁰, climb stairs, carry objects such as grocery bags, and complete housework when compared to older adults without pain²¹. Compared to age-matched adults, older people with low back pain have significantly lower muscle mass and increased risk of falls²² and frailty.

Older Australians who have low back pain are less likely to receive evidence-based care and their prospect of recovery is in general poor. This problem is accentuated in residential aged care facilities, where federal funding for low back pain management currently only covers ineffective approaches such as transcutaneous electrical nerve stimulation (TENS) or other electrical devices, massage and analgesics. These treatments are no longer endorsed by clinical practice guidelines, provide little or no pain relief and fail to address the ongoing functional decline of the older patient with low back pain. This ineffective approach is significantly contributing to the high hospitalisation rates among older adults with low back pain and substantial financial burden of the condition: Australia spends \$9 billion on low back pain every year²³.

The Aged Care Royal Commission has confirmed that there is a primarily pharmacological approach to pain management in residential aged care. Studies indicate that up to 91% of aged residents are prescribed analgesics, with nearly 30% taking regular opioids. The concurrent use of sedatives is also high²⁴. Opioid use is associated with an increased risk of falls and an increased likelihood of death in older adults²⁵. The risk and costs of using a pharmacological approach to pain management can only be addressed by embedding best practice pain multidisciplinary management in residential aged care.

The Solution:

A new model of care for older people with low back pain living in residential aged care facilities

We urgently need a new model of care for older Australians with low back pain, especially those living in aged care facilities. The model must be based on high quality scientific evidence, have the patient at its centre, and work to restore function and mobility.

Multidisciplinary approaches that include a self-management/educational component and which do not rely on pharmacological treatments have been recognised as the most effective²⁶. Active interventions, including exercises, are recommended approaches for the treatment of the older person with chronic pain²⁷. Exercise is endorsed for adults with persistent low back pain in 10 out of 14 international clinical practice guidelines²⁸, including the NICE guidelines/UK²⁹ and the American College of Physicians Clinical Practice Guidelines³⁰. Similarly, progressive resistance and balance training can significantly improve mobility and function and reduce the rate of falls in older adults living in residential aged care facilities³¹.

Painaustralia and researchers from the University of Sydney have partnered to design a program that will implement and evaluate the effectiveness and safety of a combined physical and psychological intervention for residents of aged care facilities with low back pain. The model involves a supervised and group delivered exercise program complemented with educational sessions on pain management and physical activity engagement.

The intervention is a physiotherapist-delivered program delivered over 12 sessions and 12 weeks. All sessions will take place in the residence's common area/gym. This program will be rolled out and evaluated across residential aged care facilities in NSW initially, before it is upscaled across Australia.

The partnership between Sydney University and Painaustralia brings together unprecedented expertise in the field and knowledge in low back pain, ageing, epidemiology, implementation science and intervention evaluation. The proposal aligns with the Aged Care Funding Reform aim of boosting innovation in residential aged care, the Australian Aged Care Quality Agency focus on advocating for better health care at residential aged care facilities in Australia, and the Aged Care Royal Commission goal of creating a consumer-oriented and sustainable aged care system.

Multidisciplinary pain management interventions have been demonstrated to be both effective and cost effective, and superior to standard treatment of pharmaceutical and invasive care for chronic pain management. Multidisciplinary interventions not only improve quality of life, as measured by quality adjusted life years, but are cheaper in terms of health expenditure³². With more than 200,000 Australians currently in long-term residential aged care³³, and a prevalence rate of low back pain of approximately 50% in this population, there is clearly potential for significant economic savings as well as improvements to quality of life for these residents.

Cost: \$1.5 million over 4 years.

IMPACT

Improved quality of life and better health outcomes for people with low back pain in residential aged care, and economic savings, through greater access to multidisciplinary approaches that include a self-management/educational component.

PROPOSAL 5

New MBS item/s for multidisciplinary chronic pain management

Problem:

Although multidisciplinary care is established to be the most effective and cost-effective approach to managing chronic pain, the Medicare Benefits Schedule (MBS) does not currently support the development, implementation and review of multidisciplinary pain management plans.

Solution:

Introduce new MBS item/s to support multidisciplinary pain management planning and review.

The problem: Lack of systemic funding through the MBS to support multidisciplinary chronic pain management

Like all chronic conditions, chronic pain is best managed in the community, and evidence supports a multidisciplinary model of care that takes into account the physical, psychological, social and environmental factors that influence the experience of chronic pain. Multidisciplinary pain management interventions have been found to be superior to standard treatment of pharmaceutical and invasive care for chronic pain management³⁴.

In its current form, the MBS does not support this best-practice model, leading to unnecessary use of hospital-based services and more significantly, over-reliance on medication including opioids, which is associated with significant harm. Data from the Cost of Pain report reveals that 68% of pain management consultations will end with a GP prescribing pain medication. Another 13% will end in imaging, but less than 15% can hope to be referred to an allied health professional³⁵. This unfortunately means that for the 3.37 million people living with chronic pain, access to best practice care is problematic at best, and fatal at worst. Understandably the physical, mental and emotional toll of chronic pain impacts every facet of patients' lives, and nearly 1.45 million people in pain (or nearly 45% of patients) also live with depression and anxiety³⁶.

The Solution:

New MBS item/s for multidisciplinary chronic pain management planning and review

The MBS Review undertaken over recent years examined how MBS items could be better aligned with contemporary clinical evidence and practice and improve health outcomes for patients. The Review Taskforce established an expert Pain Management Clinical Committee, which produced a report including several recommendations for changes to the MBS, particularly to promote multidisciplinary pain management³⁷. The Committee recommended that the MBS should support high value care for chronic pain through the support of multidisciplinary approaches including planning, monitoring and review through consultations, group pain management, and telehealth; noting that these recommendations recognise the emerging and established best practice of multidisciplinary approaches, for example, Mental Health Care Planning.

Painaustralia strongly supports the Committee's recommendations calling for the introduction of new MBS item/s for multidisciplinary pain management planning and review.

This approach best captures the myriad of issues that chronic pain represents and elevates its recognition as a chronic condition that needs a multipronged, multidisciplinary response. The chronic pain management plan item/s should enable funded access to allied health professionals for people whose plan indicates the need for such services. A shared medical record would be used between members of the team to facilitate communication for ongoing care of the person with chronic pain. Appropriate pain management training can help GPs to further develop and improve their skills in diagnosing, treating and referring patients with chronic pain to appropriate services; and allied health participants would be accredited in chronic pain management as determined by the relevant colleges or professional bodies.

The item/s need to include provision for review of these chronic pain management plans. Review items are important in facilitating communication between team members and promoting interdisciplinary care and can take significant time which is currently not funded under the MBS. Review may require case conferencing, and there is a need for documented communication in a shared medical record between all members of the team regarding progress and future needs. There must be specific communication between members of the pain management team regarding review of progress and recommended future needs. The review mechanism could potentially unlock access to additional relevant allied health rebates if required.

As recommended by the Committee, a time and complexity tiered approach should be built in to address the differing levels of need of patients. The Committee estimated that each year, approximately 35,000 people would require access to these item numbers.

Cost: : To be accommodated within the broader MBS budget, with offsetting savings accruing from reductions in unnecessary healthcare presentations and inappropriate use of opioids

IMPACT

The introduction of MBS items to support multidisciplinary chronic pain management planning and review will lead to better access to a broader range of services, including allied health care, and reduced dependence on pharmaceutical management of pain, improving physical and mental health outcomes for people living with pain



CONCLUSION

Addressing chronic pain is an urgent national public policy priority. The Federal Government has made progress in addressing some of the systemic barriers to adequate pain management for Australians through funding support and regulatory reform. There is an opportunity to build on these foundations by COAG endorsing this national approach outlined and addressing further priority areas identified in the National Strategic Action Plan for Pain Management, Australia's comprehensive and evidence-based blueprint to address chronic pain.

With the release of the National Action Plan, and the recent publication of new research on the cost of pain in Australia, there is a compelling case to act now. The pandemic affecting Australia and the world, combined with poorly understood opioid regulatory changes, has brought many people living with pain to crisis point. This lends an increased urgency to the proposals put forward in this submission.

The initiatives we have outlined here for immediate funding include:

- a media campaign targeted to people with pain, to raise awareness of treatment options, and change health behaviours;
- a community-based program to help people self-manage their chronic pain;
- telephone-based care navigation for people with chronic pain;
- a new model of care for people with pain living in residential aged care homes;
- and MBS funding to support multidisciplinary care.

These initiatives have enormous potential to address the current crisis being experienced by people with pain and improve their quality of life. Community-based, consumer-centred information, support and care will be more readily available to the large numbers of Australians living with pain. The proposals outlined here are evidence-based, efficient and cost-effective solutions, which will enable better management and self-management of pain in the community, enhancing self-efficacy and reducing the burden on the healthcare system. The initiatives will offer people real understanding of the alternatives to pharmaceutical management of pain and complement the government's initiatives to address the stranglehold opioids have had on the lives of so many people with pain.

Real and immediate action will not only improve the lives of people with chronic pain but will benefit all Australians through economic returns and reduced pressure on our health care system.

We commend this submission for consideration in the Federal Budget process.

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